

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MS	66621	8/18
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BT	20245	10-2-0
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/26/01
2	✓	✓	7/26/01
3			
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12			
13			
14			
15			
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
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35			
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
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48			
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	✓	7/25/01
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99			✓
100			✓

Claim	Final	Original	Date
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129			
130			
131			
132			✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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